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SOS
610 N. Silver St
Silver City, NM 88061
575-956-6131
575-956-6947
Haley, Shelly

ID: 1000010733986 DOB: 4/17/1975
Treatment Plan (SOS)

Use Note Creation Time
Clear Time
Set Date/Time
7/30/2023
10:48 PM

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Audit Log
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STATUS:
The undersigned clinician met with the patient (and family, as appropriate) on the date above in a face to face meeting to work with him/her in developing this Treatment Plan. Fair progress in reaching set goals and resolving this problem seemed apparent today. Recommend continuing the current interventions and short term goals. It is felt that more time is needed for the interventions to work.

BARRIERS
Emotional problems interfere with treatment.
- Emotional problems will be dealt with via treatment plan.

STRENGTHS
Ms. Haley's strengths include:

Behavioral
- Has no history of violence
- Has no history of angry outbursts

Cognitive
- Can make needs known

Communicative
- When well, communicates in a satisfactory manner

Family
- Patient has ability to use family support

Motivation
- Motivation for treatment is good

Physical
- Good medical care

Relationship
- Appears to have healthy supportive relationships

Social
- Interacts well with others

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